

09/530968

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				9		9
11				9		9
12				9		9
13				9		9
14			1		1	
15				1		1
16				1		1
17				1		1
18				1		1
19				2		2
20				2		2
21				1		1
22				0		0
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TOTAL IND.			2		2	
TOTAL DEP.			57		83	
TOTAL						

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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